



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		26160.27
(b) Cash on Hand at Beginning of Reporting Period.....	27006.68	
(c) Total Receipts (from Line 19) .....	15674.66	36352.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42681.34	62512.67
7. Total Disbursements (from Line 31).....	18762.12	38593.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23919.22	23919.22
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15021.00	35021.00
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15121.00	35121.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15121.00	35121.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	553.66	1231.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	15674.66	36352.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15674.66	36352.40

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	37500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	762.12	1093.45
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18762.12	38593.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18762.12	38593.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15121.00	35121.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15121.00	35121.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. KALIFF, MITCHELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2009 NW Military Hwy.  
 City SAN ANTONIO State TX Zip Code 78213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KALIFF INSURANCE Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2021  
**Transaction ID : SA11AI.5090**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. LEAVITT, CHARLENE, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 10  
 City Laveen State AZ Zip Code 85339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RAY CAMMACK SHOWS Occupation (for Individual) CHIEF OPERATING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 24 / 2021  
**Transaction ID : SA11AI.5098**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Reithoffer, Marianne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9022 Wiggins Rd.  
 City Gibsonton State FL Zip Code 33534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Reithoffer Shows, Inc. Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2021  
**Transaction ID : SA11AI.5095**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. REITHOFFER, RICHARD, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9022 WIGGINS RD  
 City GIBSONTON State FL Zip Code 33534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 17 / 2021**  
**Transaction ID : SA11AI.5088**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. REITHOFFER, RICHARD, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9022 WIGGINS RD  
 City GIBSONTON State FL Zip Code 33534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 09 / 2021**  
**Transaction ID : SA11AI.5092**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item

**C. ROWLAND, DENNIS, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1543 BARTOW RD  
 City LAKELAND State FL Zip Code 33801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BARRETT'S EAST COAST FOODS Occupation (for Individual) FOOD CONCESSION OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **08 / 07 / 2021**  
**Transaction ID : SA11AI.5087**  
 Amount of Each Receipt this Period 1021.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6021.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. SINCLAIR, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2721 Selena Circle  
 City White Bear Lake State MN Zip Code 55110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MINNESOTA STATE FAIR Occupation (for Individual) FAIR MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 15 / 2021**  
**Transaction ID : SA11AI.5097**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. WOOD, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 OSIANA DR  
 City SAN ANTONIO State TX Zip Code 78248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WOOD ENTERTAINMENT CO Occupation (for Individual) RIDE OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 12 / 2021**  
**Transaction ID : SA11AI.5096**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	15021.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Wells Fargo Advisors**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Xerxes Ave S  
10th FL

City Bloomington State MN Zip Code 55431

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1231.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2021

**Transaction ID : SA17.5119**

Amount of Each Receipt this Period  
553.66

Memo Item  
Dividend income

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.66
<b>TOTAL</b> This Period (last page this line number only).....	553.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name (Last, First, Middle Initial)

**A. BEN CLINE FOR CONGRESS, INC.**

Mailing Address P.O. BOX 817

City  
LEXINGTON

State  
VA

Zip Code  
24450

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**CLINE, BENJAMIN LEE, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2021

FEC Identification Number

C C00661561

**Transaction ID : SB23.5102**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. COLE FOR CONGRESS**

Mailing Address P.O. BOX 722256

City  
NORMAN

State  
OK

Zip Code  
73070

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**COLE, TOM, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: OK District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2021

FEC Identification Number

C C00379735

**Transaction ID : SB23.5104**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JIMMY PANETTA FOR CONGRESS**

Mailing Address PO BOX 103

City  
CARMEL VALLEY

State  
CA

Zip Code  
93924

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**PANETTA, JIMMY, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2021

FEC Identification Number

C C00592154

**Transaction ID : SB23.5110**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name (Last, First, Middle Initial)  
**A. STEVE CHABOT FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2021

Mailing Address 3030 HARRISON AVE.

FEC Identification Number

**C** C00301838

City CINCINNATI State OH Zip Code 45211

**Transaction ID : SB23.5112**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

**CHABOT, STEVE, , ,**

Office Sought:  House  Senate  President  
State: OH District: 01

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**B. TEAM GRAHAM INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2021

Mailing Address PO BOX 1801

FEC Identification Number

**C** C00458828

City COLUMBIA State SC Zip Code 29202

**Transaction ID : SB23.5103**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

**GRAHAM, LINDSEY O, , ,**

Office Sought:  House  Senate  President  
State: SC District: 00

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2021

Mailing Address 1519 WASHINGTON STREET  
SUITE 200

FEC Identification Number

**C** C00371302

City LAREDO State TX Zip Code 78040

**Transaction ID : SB23.5113**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

**CUELLAR, HENRY R., , ,**

Office Sought:  House  Senate  President  
State: TX District: 28

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. ZOE 2020**

Full Name (Last, First, Middle Initial)  
Mailing Address 1346 THE ALAMEDA #7-380  
C/O CONTRIBUTION SOLUTIONS, LLC

City SAN JOSE State CA Zip Code 95126

Purpose of Disbursement  011 Category/Type

Candidate Name **LOFGREN, ZOE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: CA District: 19

Date of Disbursement: 10 / 20 / 2021

FEC Identification Number: **C** C00693655  
Transaction ID : **SB23.5111**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name (Last, First, Middle Initial) <b>A. AuthorizeNet</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2021	
Mailing Address P.O. Box 947		FEC Identification Number C [ ] <b>Transaction ID : SB29.5117</b> Amount of Each Disbursement this Period [ ] 306.28	
City American Fork	State UT	Zip Code 84003	Category/ Type [ ]
Purpose of Disbursement Bank fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. First Bank</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2021	
Mailing Address 415 N Mathilda Ave		FEC Identification Number C [ ] <b>Transaction ID : SB29.5118</b> Amount of Each Disbursement this Period [ ] 410.03	
City Sunnyvale	State CA	Zip Code 94085	Category/ Type [ ]
Purpose of Disbursement Bank fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 716.31
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 716.31